

**Business Records Affidavit by Custodian of Records**

I, VLADIMIR REDKO (please print or type name), state the following under penalty of perjury in relation to the subpoena issued by the Grand Jury in the Southern District of Texas and issued to Vladimir Redko MD, PA (hereafter referred to as the "Company"):

- (1) I acknowledge that I am personally responsible for complying with the subpoena.
- (2) I have read the subpoena and understand what is required.
- (3) I have made, or persons under my direct supervision have made, a full and complete search for all documents responsive to the subpoena. I understand that the company is required to make a full and complete search for all responsive documents that are in its possession, custody, or control, irrespective of where those documents are now located or who currently possesses them. I understand, for example, that if responsive documents have been provided to an outside accountant or attorney, or employee, or for some other reason are not on the Company's premises (but are within its legal ability to obtain), the Company would nonetheless be obligated to obtain those documents and produce them to the Grand Jury. In addition, I understand that the Company is required to produce responsive documents and records that are in its possession, custody, or control, irrespective of who generated the document or record, or whether they are printed on Company letterhead.
- (4) On the date set forth below, I sent all documents responsive to the subpoena that were in the Company's possession, custody, or control to the investigative agent whose name appears on the subpoena.
- (5) All of the documents I furnished were authentic records maintained by the Company or maintained under the Company's ultimate control, direction, or supervision.
- (6) With the exceptions noted below, the documents I furnished were business records created by the Company or Company employees or business associates, or were business records received and kept by the Company or company employees or associates in the ordinary course of the Company's business affairs. That is, the records I furnished were made at or near the time of the events recorded therein; were made on the basis of personal knowledge of the events recorded; were made or received, and kept, as part of a regular business practice. Exceptions, if any, are the documents identified as follows:

Pursuant to Title 28, United States Code, Section 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 5/28/18

By: VLADIMIR REDKO Title/Position: DOCTOR

Mailing Address: 915 GESSNER DRIVE, SUITE 970  
Houston, TX 77024

Telephone Number(s): 713-740-1400

Signature: Vladimir Redko

GOVERNMENT  
EXHIBIT  
**702**  
4:18-CR-368



FedEx Office is your destination  
for printing and shipping.

1703 Post Oak Blvd  
Houston, TX 77056  
Tel: (713) 439-1113

5/24/2018 2:14:14 PM CST  
Team Member: Wendlyn C.  
Customer: Russell Morris

SALE

<b>copies</b>	<b>Qty</b>	<b>1</b>	<b>124.11</b>
BW 1S on 24# Wht	1161 @		0.1050 T
000330 Reg. Price	0.17		
Hand Stapling	1 @		0.1000 T
000389 Reg. Price	0.10		
Hand Collation	1 @		0.1000 T
000386 Reg. Price	0.10		
Insert Per Piece	10 @		0.1000 T
000000 Reg. Price	0.10		
Sheet Astro 8.5x11	10 @		0.1000 T
002479 Reg. Price	0.10		
Price per piece	124.11		
Regular Total	199.57		
Discounts	75.46		
Sub-Total			124.11
Tax			10.24
Deposit			0.00
<b>Total</b>			<b>134.35</b>
Visa (S)			134.35
Account: 3663			
Auth: 05579G (A)			
Total Tender			134.35
Change Due			0.00

## ATTACHMENT B

## PATIENT LIST

	Patient Last Name	Patient First Name	Patient DoB
1	ALVARADO	DANIEL	
✓2	BARBER	SUSAN	
✓3	BLANFORD	JOHN	
4	BREKUS	EMIL	
5	BREKUS	WHITNEY	
6	BRICKMAN	LISA	
7	BRICKMAN	TERRY	
28	BUCKINGHAM	ALEXA	
29	BUCKINGHAM	EVAN	
10	BUCKINGHAM	GEORDON	
11	BUCKINGHAM	JAMES	
✓12	BUCKINGHAM	SHEILA	
13	BUCKINGHAM	TRISTAN	
✓14	CALDWELL	CINDY	
15	CARTER	LEILA	
16	COTTER	CALLIE	
17	COTTER	CASEY	
18	COTTER	PATRICK	
19	CRENSHAW	BETTINA	
20	CROCK	CRYSTAL	
21	D'AMICO (or DAMICO)	CAROLE	
22	D'AMICO (or DAMICO)	DANIEL	
23	D'AMICO (or DAMICO)	JOSEPH	
24	D'AMICO (or DAMICO)	VINCENT	
25	D'AMICO (or DAMICO)	CHRISTOPHER	
26	DIMANT	KHIRSH	
27	DUNKLE	RYAN	
28	DUNKLE	SUSAN JAYNE	
29	DUNKLE	TODD	
30	FEYGIN	RAISA	
✓31	FOREMAN	CYNTHIA	
32	FRANDSEN	THOMAS	
✓33	FREEMAN	VINCENT	
34	HERBERT	RYAN	
35	HOHMANN	CATHERINE	
36	HOHMANN	KIMBERLY	
37	HOHMANN	NICKOLAUS	

	Patient Last Name	Patient First Name	Patient DoB
38	KHOLODOVSKY	STEVEN	
39	KOSZORU	SOFIA	
40	KROCK	TEDDI	
41	KUMAZEC	KEVIN	
42	KUMAZEC	KIEL	
43	KUMAZEC	THERESE	
44	LAZIC	DEJAN	
45	LEONARD	NICHOLAS	
✓ 46	LINCECUM	TERRY	
47	MARTENS	HARRY	
48	MCLAUGHLIN	MICHAEL	
49	METCALF	ROGER	
✓ 50	MILOSEVIC	VILA	
✓ 51	NEFZGER	CINDY	
52	NEILL	YARDLIE	
53	PIKE	WALTER	
54	PINAR	HUSNU	
55	PINAR	YARDLIE	
✓ 56	REDKO	MICHAEL	
57	RETFERFORD	BILLY	
58	ROBISON	DONALD	
59	ROTENBERG	BERNADETTE	
60	SANDERS	MICHELLE	
61	STACY	GINGER	
62	TACKETT	AUSTIN	
63	TACKETT	JARED	
64	TODD	BROOKE	
65	TYLER	TRANE	
66	VORISEK	AMY	
67	VORISEK	MATTHEW	
68	VORISEK	PAUL	
69	VORISEK	SHARON	
70	WALTON	ANDREA	
71	WALTON	JORDAN	
72	WALTON, JR	ROBERT	

Patient <b>Zean Buckingham</b>		DOB [REDACTED]	
Home Phone 713-790-1400		Cell Phone	
Address 6700 Fannin St 2000			
City Houston		State TX	Zip 77030
Allergies		Diag forehead scar	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

## General Pain / Inflammation

- ☐ GPI-2
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

## Back &amp; Radicular Pain

- ☐ BRP-3
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%

- ☐ BRP-4
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

## Neuropathic &amp; Chronic Pain

- ☐ NCP-5
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%

- ☐ NCP-8
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

- ☐ NCP-7
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%

- ☐ NCP-9
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 4)

## Specialty

- ☒ SCAR
- Fluticasone Propionate 1%
  - Levocetirizine Dihydrochloride 2%
  - Pentoxifylline 0.5%
- For painful scars add:
- Prilocaine 3%
  - Gabapentin 15%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluticasone 1%
  - Fluconazole 2%
  - Pentoxifylline 0.5%
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluticasone 1%
  - Fluconazole 2%
  - Urea 15%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)

(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: 1)

## DERM-5: CONTACT DERMATITIS

- Fluticasone 1%
  - Methocarbamol 2.07%
  - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
  - Hydroxyzine 2%

## DERM-6: PSORIASIS

- Fluticasone 1%
- Methocarbamol 0.042%
- Coenzyme Q10 2.4%
- Vitamin D3 0.08%
- Tretinoin 0.012%

## DERM-7: PLANTAR FASCITIS

- Diclofenac 5%
- Baclofen 2%
- Fluticasone 1%
- Lidocaine 2%
- Verapamil Hydrochloride 10%

## Metabolic Supplements

## MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS

- Co-Q10 75mg
- Alpha Lipoic Acid 50mg
- N Acetyl Cystine 250mg
- Vit D3 1000 IU

(SIG: Take 1 capsule by mouth twice daily; Dispense 90 OR Alternative SIG: \_\_\_\_\_)

Refills: \_\_\_\_\_

## MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS

- Methocarbamol 40mg
- Pyridoxal-5-Phosphate 100mg
- 5-MTHF 8mg

Alternative SIG: \_\_\_\_\_

Apply 1-2 pumps to affected area 2-4 times a day

Prescriber Name: V. REAKO, M.D.NPI # 1406344657Lic. #: 21366DEA # B20502284Address: 4560 Fannin Houston TX 77030Phone #: 713-790-1400

Fax #: \_\_\_\_\_

Signature (Note: Manual Signature Required for CS)

Date: 1/30/18

Note: Ketamine is Schedule III controlled substance.

Fax Server

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: EVAN BUCKINGHAM

Patient Date of Birth [REDACTED]

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)


- Have you ever seen the above named patient? (circle one) **YES** NO
- If question #1 is YES, when was the last time the patient was seen? **9/4/14**
- Patient diagnoses: **hypertrophic painful scar forehead**
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO **N/A**
- If question #4 is YES, when was the agreement signed? **1/1**
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO **N/A**

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.


NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
10/23/2014	COMPOUND	300	PRN	✓	

 Confidential Information

To the best of my knowledge, all information provided above is true and correct.

 **7/5/16** **V. REDKO, M.D.** **713-790-1400**  
 Signature Date Print Name Office Phone

\*Signature is required for authentication purposes.

PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

GX702.006

Patient <b>Todd Sunkle</b>		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City <b>Sheffield Lake</b>		State <b>OH</b>	Zip <b>44054</b>
Allergies <b>none</b>		Diag. <b>CRP, back</b>	

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

**Back & Radicular Pain**

- ☐ **BRP-33**
- Clonidine 0.20%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Bupivacaine HCL .5%
  - Magnesium Chloride 10%
  - Dextromethorphan HBr 10%

- ☐ **BRP-4**
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: )  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: )

**Neuropathic & Chronic Pain**

- ☐ **NCP-55**
- Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Bupivacaine HCL .6%
  - Magnesium Chloride 15%
  - Dextromethorphan HBr 5%
  - Flurbiprofen 10%

- ☐ **NCP-88**
- Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 15%
  - Gabapentin 6%
  - Magnesium Chloride 15%
  - Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: )  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: )

- ☒ **NCP-7**
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%

- ☐ **NCP-99**
- Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Bupivacaine HCL 5%
  - Diclofenac 5%
  - Magnesium Chloride 15%
  - Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: )  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: )

**General Pain / Inflammation**

- ☐ **GPI-2**
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

- ☐ **OTHER FORMULATION**

(Dispensing Quantity: 300mLs OR Other Quantity: )  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: )

**Specialty**

- ☒ **SCAR**
- Fluticasone Propionate 1%
  - Levocetirizine Dihydrochloride 2%
  - Pentoxifylline 0.5%
- For painful scars add:**
- Prilocaine 3%
  - Gabapentin 15%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
  - Fluconazole 2%
  - Pentoxifylline 0.5%
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
  - Fluconazole 2%
  - Urea 15%

(Dispensing Quantity: 300mLs OR Other Quantity: )  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: )

- ☐ **DERM-5: CONTACT DERMATITIS**
- Fluticasone 1%
  - Methylcobalamin 0.07%
  - Coenzyme Q10 4%
- ☐ **Contact Dermatitis with pain add:**
- Lidocaine 2%
  - Hydroxyzine 2%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
  - Methylcobalamin 0.07%
  - Coenzyme Q10 4%
  - Vitamin D3 0.05%
  - Tretinoin 0.02%

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
  - Baclofen 2%
  - Fluticasone 1%
  - Lidocaine 2%
  - Verapamil Hydrochloride 10%

**Metabolic Supplements**

- ☐ **MS-2: GENERAL WELLNESS**
- MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg  
(SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: )
  - MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU  
(SIG: Take 2 capsules by mouth once daily; Dispense: 80 OR Alternative SIG: )

- ☒ **MS-3: GENERAL WELLNESS**
- MS-31: Resveratrol Powder 100mg, Piperine 20mg  
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: )
  - MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vit D3 1,000IU  
(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: )

Alternative SIG: \_\_\_\_\_

Prescriber Name: **V. REDKO, M.D.**

NPI # **1306844659**

Lic. #: \_\_\_\_\_

DEA # **BR 05-22284**

Address: **6560 Fawn St, Ste 202, Houston, TX 77030**

Phone #: **713-790-1400**

Fax #: \_\_\_\_\_

Signature (Note: Manual Signature Required for CS) **V. Redko**

Date: **4/10/19**

Note: Ketamine is Schedule III controlled substance

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: TODD DUNKLE

Patient Date of Birth: [REDACTED]

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)

- Have you ever seen the above named patient? (circle one) YES NO
- If question #1 is YES, when was the last time the patient was seen? 4/10/14
- Patient diagnoses: Low-back pain, painful tear of knee, hip, neck
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO N/A
- If question #4 is YES, when was the agreement signed? 1/1/14 N/A
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO N/A

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.

NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
10/31/2014	COMPOUND	60	PRN	<u>✓</u>	
10/31/2014	COMPOUND	300	11	<u>✓</u>	
10/31/2014	COMPOUND	60	PRN	<u>✓</u>	
10/31/2014	COMPOUND	300	5	<u>✓</u>	

Comm Confidential Information

To the best of my knowledge, all information provided above is true and correct.

Signature

V. Redko

Date

7/5/16

Print Name

V. REDKO, M.D.

Office Phone

713-790-1400

\*Signature is required for authentication purposes.

PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Patient <b>Ryan Dunklee</b>		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City <b>Sheffield Lake</b>		State <b>OH</b>	Zip <b>44054</b>
Allergies <b>None</b>		Diag. <b>CRP, Scar</b>	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

**Back & Radicular Pain**
☐ **BRP-33**

- Clonidine 0.20%
- Gabapentin 6%
- Flurbiprofen 10%
- Bupivacaine HCL 5%
- Magnesium Chloride 10%
- Dextromethorphan HBr 10%

☐ **BRP-4**

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Neuropathic & Chronic Pain**
☐ **NCP-55**

- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Bupivacaine HCL 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%
- Flurbiprofen 10%

☐ **NCP-88**

- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 15%
- Gabapentin 6%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

☒ **NCP-7**

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

☐ **NCP-99**

- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Bupivacaine HCL 5%
- Diclofenac 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**General Pain / Inflammation**
☐ **GPI-2**

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

☐ **OTHER FORMULATION**

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Specialty**
☒ **SCAR**

- Fluticasone Propionate 1%
- Levocetirizine Dihydrochloride 2%
- Pentoxifylline 0.5%
- For painful scars add:  
 Prilocaline 3%  
 Gabapentin 15%

☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**

- Fluticasone 1%
- Fluconazole 2%
- Pentoxifylline 0.5%
- Lidocaine 2%
- Hydroxyzine 2%

☐ **DERM-3: ANTI FUNGAL NAIL LOTION**

- Fluticasone 1%
- Fluconazole 2%
- Urea 15%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

☐ **DERM-5: CONTACT DERMATITIS**

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%
- Contact Dermatitis with pain add:  
 Lidocaine 2%  
 Hydroxyzine 2%

☐ **DERM-6: PSORIASIS**

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%
- Vitamin D3 0.05%
- Tretinoin 0.02%

☐ **DERM-7: PLANTAR FASCIITIS**

- Diclofenac 5%
- Baclofen 2%
- Fluticasone 1%
- Lidocaine 2%
- Verapamil Hydrochloride 10%

**Metabolic Supplements****MS-2: GENERAL WELLNESS**

MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg  
 (SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: \_\_\_\_\_)

MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU  
 (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: \_\_\_\_\_)

**MS-3: GENERAL WELLNESS**

MS-31: Resveratrol Powder 100mg, Piperine 20mg

(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: \_\_\_\_\_)

MS-32: Hydrocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vit D3 1,000IU

(SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: \_\_\_\_\_)

Alternative SIG: \_\_\_\_\_

Prescriber Name: **V. REDD**

NPI #

**1306844659**

Lic. #

DEA #

**BR0522284**

Address:

**6560 Fanning St, Ste 2020, Houston, TX 77030**

Phone #:

**713-790-1400**

Fax #:

Signature (Note: Manual Signature Required for CS)

*[Signature]*

Date:

**4/6/2023**

Note: Ketamine is Schedule III controlled substance.

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: RYAN DUNKLE

Patient Date of Birth: 12/15/1988

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)


- Have you ever seen the above named patient? (circle one) **YES** NO
- If question #1 is YES, when was the last time the patient was seen? **4/10/14**
- Patient diagnoses: **Low Back pain, hypertrophic scars of back**
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO **N/A**
- If question #4 is YES, when was the agreement signed? **N/A**
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO **N/A**

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.

NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
10/31/2014	COMPOUND	300	11	<input checked="" type="checkbox"/>	
10/31/2014	COMPOUND	60	PRN	<input checked="" type="checkbox"/>	
10/31/2014	COMPOUND	300	5	<input checked="" type="checkbox"/>	
10/31/2014	COMPOUND	60	PRN	<input checked="" type="checkbox"/>	

 Confidential Information

To the best of my knowledge, all information provided above is true and correct.

Signature

Date

Print Name

Office Phone

\*Signature is required for authentication purposes.

PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Patient <i>Alfreda Buckingham</i>		DOB [REDACTED]	
Home Phone 713-790-1400		Cell Phone	
Address 6560 Fannin Ste 2020			
City Houston		State TX	Zip 77030
Allergies		Diag. <i>hand scars</i>	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

## General Pain / Inflammation

☐ GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

## Back &amp; Radicular Pain

☐ BRP-3

- Ketamine 10%
- Clonidine 0.2%
- Gabapentin 6%
- Flurbiprofen 10%
- Lidocaine 2%

☐ BRP-4

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

## Neuropathic &amp; Chronic Pain

☐ NCP-5

- Ketamine 10%
- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Lidocaine 2.5%

☐ NCP-8

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 10%
- Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

☐ NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

☐ NCP-9

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2%
- Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 4)

Alternative SIG: \_\_\_\_\_

Prescriber Name: V. REDKO, M.D. NPI # 1306844659Lic. #: \_\_\_\_\_ DEA # BR0522284Address: 6560 Fannin Houston, TX 77030Phone #: 713-790-1400

Fax #: \_\_\_\_\_

Signature (Note: Manual Signature Required for CS) [Signature]Date: 7/30/11

Note: Ketamine is Schedule III controlled substance.

## Specialty

☒ SCAR

- Fluticasone Propionate 1%
- Levocetirizine Dihydrochloride 2%
- Pentoxifylline 0.5%

☒ For painful scars add:

- Prilocaine 3%
- Gabapentin 15%

☐ DERM-5: CONTACT DERMATITIS

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%

☐ Contact Dermatitis with pain add:

- Lidocaine 2%
- Hydroxyzine 2%

☐ DERM-2: TOPICAL ANTI FUNGAL CREAM

- Fluticasone 1%
- Fluconazole 2%
- Pentoxifylline 0.5%
- Lidocaine 2%
- Hydroxyzine 2%

☐ DERM-6: PSORIASIS

- Fluticasone 1%
- Methylcobalamin 0.042%
- Coenzyme Q10 2.4%
- Vitamin D3 0.03%
- Tretinoin 0.012%

☐ DERM-3: ANTI FUNGAL NAIL LOTION

- Fluticasone 1%
- Fluconazole 2%
- Urea 15%

☐ DERM-7: PLANTAR FASCIITIS

- Diclofenac 5%
- Baclofen 2%
- Fluticasone 1%
- Lidocaine 2%
- Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

## Metabolic Supplements

☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS

- Co-Q10 75mg
- Alpha Lipic Acid 50mg
- N Acetyl Cystine 250mg
- Vit D3 1000 IU

☐ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS

- Methylcobalamin 40mg
- Pyridoxal-5-Phosphate 100mg
- S-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: \_\_\_\_\_)  
Refills: \_\_\_\_\_

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: ALEXA BUCKINGHAM

Patient Date of Birth: [REDACTED]

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)

- Have you ever seen the above named patient? (circle one) **YES** NO
- If question #1 is YES, when was the last time the patient was seen? **9/14/14**
- Patient diagnoses: **painful scar left arm**
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO **PTA**
- If question #4 is YES, when was the agreement signed? **1/1/14**
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO **NA**

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.

NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
10/23/2014	COMPOUND	300	PRN	<b>U</b>	



Confidential Information

To the best of my knowledge, all information provided above is true and correct.

Signature

7/5/16

Date

V. REDKO, M.D.

Print Name

713-790-1400

Office Phone

\*Signature is required for authentication purposes.

PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: SHEILA BUCKINGHAM

Patient Date of Birth: [REDACTED]

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)

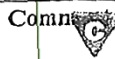
- Have you ever seen the above named patient? (circle one) **YES** NO
- If question #1 is YES, when was the last time the patient was seen? **9/4/14**
- Patient diagnoses: **hypertrophic painful scars of abdomen**
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO **N/A**
- If question #4 is YES, when was the agreement signed? **9/4/14**
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO **N/A**

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.

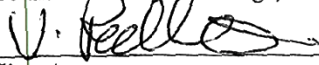
NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
10/23/2014	COMPOUND	300	<b>PRN</b>	<b>V</b>	

 Confidential Information

To the best of my knowledge, all information provided above is true and correct.

 **7/5/16** **V. REDKO, M.D.** **713-790-1400**  
 Signature Date Print Name Office Phone

\*Signature is required for authentication purposes.

PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of those documents.

Patient		DOB	
Milošević, Vili			
Home Phone		Cell Phone	
713-790-1400			
Address			
4560 Fannin St Ste 2020			
City		State	Zip
Houston		TX	77070
Allergies			
NKDA			
Diag.			
NKHZ			

Insurance info		
Carrier		
Bin#	FCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Back & Radicular Pain	
<input type="checkbox"/> BRP-33	<input type="checkbox"/> BRP-4
<ul style="list-style-type: none"> <li>Clonidine 0.20%</li> <li>Gabapentin 2%</li> <li>Flupropen 10%</li> <li>Bupropion HCl 5%</li> <li>Magnesium Chloride 10%</li> <li>Dexamethorphan HBr 10%</li> </ul>	<ul style="list-style-type: none"> <li>Gabapentin 6%</li> <li>Clonidine 0.1%</li> <li>Difenoxin 2%</li> <li>Lidocaine 2%</li> <li>Permethyline 2%</li> </ul>

Neuropathic & Chronic Pain	
<input type="checkbox"/> NCP-55	<input type="checkbox"/> NCP-88
<ul style="list-style-type: none"> <li>Baclofen 2%</li> <li>Gabapentin 6%</li> <li>Imipramine 5%</li> <li>Naloxone 3%</li> <li>Bupropion HCl 5%</li> <li>Magnesium Chloride 15%</li> <li>Dexamethorphan HBr 10%</li> <li>Flupropen 10%</li> </ul>	<ul style="list-style-type: none"> <li>Baclofen 2%</li> <li>Cyclobenzaprine 2%</li> <li>Flupropen 15%</li> <li>Gabapentin 6%</li> <li>Magnesium Chloride 15%</li> <li>Dexamethorphan HBr 5%</li> </ul>
<input type="checkbox"/> NCP-7	<input type="checkbox"/> NCP-99
<ul style="list-style-type: none"> <li>Flupropen 20%</li> <li>Baclofen 2%</li> <li>Cyclobenzaprine 2%</li> <li>Gabapentin 6%</li> <li>Lidocaine 2.5%</li> </ul>	<ul style="list-style-type: none"> <li>Baclofen 2%</li> <li>Cyclobenzaprine 2%</li> <li>Gabapentin 5%</li> <li>Bupropion HCl 5%</li> <li>Difenoxin 3%</li> <li>Magnesium Chloride 15%</li> <li>Dexamethorphan HBr 10%</li> </ul>

General Pain/Inflammation		Other Formulation	
<input type="checkbox"/> GPI-2	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Tramadol 5%</li> <li>Flupropen 20%</li> <li>Cyclobenzaprine 2%</li> <li>Baclofen 2%</li> </ul>			

Specialty	
<input checked="" type="checkbox"/> SCAR	<input type="checkbox"/> DERM-5: CONTACT DERMATITIS
<ul style="list-style-type: none"> <li>Fluocinonide Propionate 1%</li> <li>Levorotidine Bithydrate 2%</li> <li>Permethyline 0.5%</li> <li>For patch test scars, add: <ul style="list-style-type: none"> <li>Lidocaine 3%</li> <li>Gabapentin 15%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Fluocinonide 1%</li> <li>Methylcobalamin 0.07%</li> <li>Coenzyme Q10 4%</li> <li>Contact Dermatitis with patch, add: <ul style="list-style-type: none"> <li>Lidocaine 2%</li> <li>Hydrocortisone 2%</li> </ul> </li> </ul>
<input type="checkbox"/> DERM-2: TOPICAL ANTI-FUNGAL CREAM	<input type="checkbox"/> DERM-6: PSORIASIS
<ul style="list-style-type: none"> <li>Fluocinonide 1%</li> <li>Fluocinonide 2%</li> <li>Permethyline 0.5%</li> <li>Lidocaine 2%</li> <li>Hydrocortisone 2%</li> </ul>	<ul style="list-style-type: none"> <li>Fluocinonide 1%</li> <li>Methylcobalamin 0.07%</li> <li>Coenzyme Q10 4%</li> <li>Vitamin D3 0.02%</li> <li>Retinoid 0.02%</li> </ul>
<input type="checkbox"/> DERM-3: ANTI-FUNGAL NAIL LOTION	<input type="checkbox"/> DERM-7: PLANTAR FASCIITIS
<ul style="list-style-type: none"> <li>Fluocinonide 1%</li> <li>Fluocinonide 2%</li> <li>Urea 15%</li> </ul>	<ul style="list-style-type: none"> <li>Difenoxin 2%</li> <li>Baclofen 2%</li> <li>Fluocinonide 1%</li> <li>Lidocaine 2%</li> <li>Neomethyl Hydrocortisone 10%</li> </ul>

Metabolic Supplements	
<input type="checkbox"/> MS-2: GENERAL WELLNESS	<input type="checkbox"/> MS-3: GENERAL WELLNESS
<ul style="list-style-type: none"> <li>MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg</li> <li>MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vitamin D3 1000IU</li> </ul>	<ul style="list-style-type: none"> <li>MS-31: Resveratrol Powder 100mg, Pterine 20mg</li> <li>MS-32: Methylcobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vitamin D3 1000IU</li> </ul>

Prescriber Name: Vladimir Redko, MD		NPI # 1300844659	
Lic. # J13160		DEA # B20522884	
Address: 4560 Fannin St Ste 2020 Houston, TX 77030			
Phone #: 713-790-1400		Fax #:	
Signature (Note: Manual Signature Required for CS): Dr. OK UP		Date: 7/20/14	

Patient <b>MILOSEVIC, VILA</b>		DOB [REDACTED]	
Home Phone		Cell Phone	
Address <b>6560 Fannin St NW</b>			
City <b>Atlanta</b>		State <b>GA</b>	Zip <b>30320</b>
Allergies <b>N/A</b>		Diag.	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

**General Pain / Inflammation**

- ☐ GPI-2
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Back & Radicular Pain**

- ☐ BRP-3
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%

- ☐ BRP-4
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Neuropathic & Chronic Pain**

- ☐ NCP-5
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%

- ☐ NCP-8
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

- ☒ NCP-7
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%

- ☐ NCP-9
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

**Specialty**

- ☒ SCAR
- Fluticasone Propionate 1%
  - Levofloxacin Dihydrochloride 2%
  - Pentoxifylline 0.5%
- ☐ For painful scars add:
- Prilocaine 3%
  - Gabapentin 15%

- ☐ DERM-5: CONTACT DERMATITIS
- Fluticasone 1%
  - Methylcobalamin 0.07%
  - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
  - Hydroxyzine 2%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluticasone 1%
  - Fluconazole 2%
  - Pentoxifylline 0.5%
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☐ DERM-6: PSORIASIS
- Fluticasone 1%
  - Methylcobalamin 0.042%
  - Coenzyme Q10 2.4%
  - Vitamin D3 0.03%
  - Tretinoin 0.012%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluticasone 1%
  - Fluconazole 2%
  - Urea 15%

- ☐ DERM-7: PLANTAR FASCITIS
- Diclofenac 5%
  - Baclofen 2%
  - Fluticasone 1%
  - Lidocaine 2%
  - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
(SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: **PRN**)

**Metabolic Supplements**

- ☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS

Co-Q10 75mg  
Alpha Lipic Acid 50mg  
N Acetyl Cystine 250mg  
Vit D3 1000 IU

- ☒ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS

Methylcobalamin 40mg  
Pyridoxal-5-Phosphate 100mg  
5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense in: 60 OR Alternative SIG: \_\_\_\_\_)  
Refills: **PRN**

Alternative SIG: \_\_\_\_\_

Prescriber Name: **VLADIMIR REDKO, MD** NPI # **1306844659**

Lic. #: \_\_\_\_\_ DEA #: **BR0522284**

Address: **6560 Fannin St NW Atlanta, GA 30320**

Phone #: **770-790-1400**

Fax #: \_\_\_\_\_

Signature (Note: Manual Signature Required for CS) \_\_\_\_\_

Date: **01/13/2014**

Note: Ketamine is Schedule III controlled substance.

Please Fax Back to: 1-800-606-5569

For Internal use Only: Log # 5907449

**PLEASE READ CAREFULLY. THIS IS NOT A REFILL REQUEST.**

Patient Name: VILA MILOSEVIC

Patient Date of Birth [REDACTED]

Dr. VLADIMIR REDKO,

Please complete all steps below and then sign below the chart.

(The questions apply to you and/or any physician extender(s) under your supervision.)

- Have you ever seen the above named patient? (circle one) **YES** NO
- If question #1 is YES, when was the last time the patient was seen? 1/13/14
- Patient diagnoses: hypertrophic parietal scar right knee
- Does this patient have a medication/treatment agreement with you? (circle one) YES NO N/A
- If question #4 is YES, when was the agreement signed?        /        /        N/A
- Are you aware of this patient seeing any additional prescriber(s) for controlled substance medication(s)? (circle one) YES NO N/A

Did you prescribe the claims listed below for the above listed patient? Please indicate by checking 'Yes' or 'No' in the appropriate column and indicate number of refills authorized.

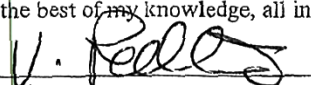
NOTE: The date of fill may not be the date the prescription was written.

AUTHORIZED BY YOU  
and/or YOUR PHYSICIAN  
EXTENDER(S)?

DATE OF FILL	MEDICATION NAME	QUANTITY PRESCRIBED	# of REFILLS?	YES	NO
9/10/2014	COMPOUND	300	PRN	U	

 Confidential Information

To the best of my knowledge, all information provided above is true and correct.

 7/5/16 V. REDKO, M.D. 713-790-1400  
 Signature Date Print Name Office Phone

\*Signature is required for authentication purposes.

## PRIVATE &amp; CONFIDENTIAL

Confidentiality Statement: The documents accompanying this letter contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of those documents.